

Do infertile women and their partners have equal experiences with fertility care?

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Objective: To study the possible differences between women and their partners' experiences with patient-centered fertility care.

Design: A cross-sectional study.

Setting: Thirty-two Dutch fertility clinics.

Patient(s): A total of 1,620 infertile women and their partners, under treatment in one of the participating clinics, were randomly selected to participate in this study.

Intervention(s): None.

Main Outcome Measure(s): Level of patient-centeredness, measured with the validated Patient-Centeredness Questionnaire–Infertility questionnaire (PCQ–Infertility).

Result(s): Questionnaires from 696 women and 520 partners were analyzed. No significant difference in PCQ–Infertility total score was found between women and their partners. The partners scored significantly higher on the subscales “respect for patients values” and “staff’s competence” compared with the women.

Conclusion(s): Patients' experiences with fertility care are only slightly different between women and their partners. This can be valuable in the process of improvement of patient-centered fertility care, one of the core dimensions of quality of care. (*Fertil Steril*® 2013;99:832–8. ©2013 by American Society for Reproductive Medicine.)

Key Words: Couple, patient-centeredness, infertility, partners

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Infertility has a great impact on the infertile couple (1–4). In general, patients have to undergo a long period of fertility workup and treatment, which can be a physical and psychological burden to them (1, 5). Therefore, every fertility clinic should focus more on their patients' preferences and needs (6). Providing patient-centered care, which is one of the core dimensions of quality of care (6), can improve patients' experiences with fertility care by building caring relationships between patients and profes-

sionals (7, 8), increase patients' quality of life (QoL) (9, 10), and possibly decrease dropout rates (11).

Only a few studies have explored specific patients' fertility care experiences by measuring the level of patient-centeredness (12–16). All studies showed remarkable room for improvement within fertility care (12–16). For example, patients expressed a need for more written information about the treatment (13, 15) and more emotional advice and support (12, 13,

16). Moreover, infertile women expressed the wish for a more couple-centered approach (15). Providing care to both members of the infertile couple seems obvious, as infertility is the perfect example of a shared condition concerning both partners (17–19). Therefore, it is remarkable that available fertility care research typically includes infertile couples as a whole (20–22) or women alone (10, 15, 16, 23–25). Partners seems to be a forgotten party (17–19). Especially if we aim at improving the level of patient-centered fertility care, we should primarily identify possible differences in preferences and needs between women and partners. This is underlined by the results of Malik and Coulson (19), which show a clear wish of partners to discuss their feelings and concerns regarding their experiences with fertility care.

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Gender differences in patients' experiences with care are rarely evaluated in a fertility care setting. Only a few studies have explored gender differences in patient satisfaction (12, 13, 26). Unfortunately, satisfaction surveys often provide an overly optimistic picture of patients' perception of health care (27, 28). Getting insight into more objective patient experiences with care by measuring the level of patient-centeredness would provide more useful and meaningful information. An appropriate and reliable instrument to achieve this goal is the Patient-Centeredness Questionnaire–Infertility (PCQ–Infertility), which was recently developed and validated (29).

Therefore, the main aim of the current study is to compare experiences of women and their partners with patient-centered fertility care using the PCQ–Infertility. Results of this study will provide more insight into the possible different preferences and needs of infertile women and their partners. Moreover, our results can guide the development of an improvement strategy for more patient-centered fertility care, with accurate adjustment for both members of the infertile couple.

MATERIALS AND METHODS

Study Design

This cross-sectional study was nested within the before measurement of a randomized controlled trial, which aims to improve the level of patient-centeredness of Dutch fertility care using a multifaceted approach. For more information on this study, we refer the reader to Huppelschoten et al. (30).

Setting

In the Netherlands, fertility care is provided by three different types of clinics based on the kind of treatment they offer. Almost all clinics are part of a hospital and carry out initial fertility assessment, ovulation induction (OI), and IUI. A limited number of clinics can also start and monitor the IVF and intracytoplasmic sperm injection (ICSI) treatment, including the ovum pickup. The laboratory phase of IVF and ETs has to occur in one of the 13 licensed clinics: eight university hospitals, four general hospitals, and one private clinic. Almost all Dutch fertility clinics are national health services funded. Every Dutch citizen has a basic insurance coverage, which covers treatment and medication costs for OI, IUI, and three cycles of IVF/ICSI per episode.

Study Population

The study was performed in a Dutch infertile patient group that was under treatment in one of 32 Dutch clinics. To include a representative patient group, clinics were asked to extract the address files of all patients who underwent at least one cycle of medically assisted reproduction (e.g., OI, IUI, IVF, and ICSI) in their clinics in the past 3 months (spring–summer 2011) from their diagnosis treatment combination coding system. From this list of patients, we took a computerized random sample of patients, which was stratified according to the clinic size, ranging from 25 couples for smaller clinics to 75 couples for the largest IVF centers. As a result, 1,620 couples were selected to participate in our study. Both members of the

couple were invited to participate in the study individually. Couples of which the woman was pregnant while completing the questionnaire were excluded from analyses, owing to a risk of confounding (29).

Data Collection

Data collection was performed using a questionnaire to measure the level of patient-centered fertility care. Selected women and their partners received a letter in which they were invited to complete an online questionnaire set, accessible by a personal code. Both the women and partners were asked explicitly to complete the questionnaire separately. Participation was voluntary and anonymous. Patients received a reminder card 2 weeks after the initial mailing. Another 3 weeks later, nonresponders received a reminder with the additional option to complete a paper version of the questionnaire (31).

Questionnaire

The questionnaire consisted of two parts; the first part was the Patient-Centeredness Questionnaire–Infertility (PCQ–Infertility), a validated instrument to assess clinic's level of patient-centeredness by measuring patients' experiences with fertility care (29). Development of this questionnaire was based on the models of patient-centered care of both the Picker Institute and the Institute of Medicine (6, 32). The questionnaire consists of 46 items, covering seven subscales: [1] accessibility of care (e.g., "Was it a problem for you to contact staff if you had any questions?"); [2] information provision (e.g., "Did you receive an overview of your treatment plan with a time schedule?"); [3] communication (e.g., "How often did your physician listen to you?"); [4] respect for patients' values (e.g., "How often did your physician show an interest in your personal situation?"); [5] continuity and transition of care (e.g., "How often did you have an appointment with the same physician?"); [6] patient involvement (e.g., "Was decision-making shared with you, if preferred?"); and [7] staff's competence (e.g., "How often was your physician well-prepared for an appointment?"). A higher score on the total PCQ scale or on one of the subscales (range, 0–3) implicates a higher level of patient-centeredness. Further details on the validation study of the PCQ–Infertility are described in Van Empel et al. (29).

The second part of the questionnaire consisted of 18 additional individual and couple background questions. These questions were selected as potential case-mix adjusters, based on general and fertility care literature as possibly being associated with patient-centered care (21, 29, 33–35). Background questions included general questions (e.g., age, ethnicity), questions about patients' emotional status (e.g., consumption of emotional support in the last 3 months, recently experienced life-time events), and questions about past and current treatments (e.g., duration of infertility, diagnosis). Only the women answered the questions about the couple characteristics to prevent incompatible answers from women and their partners. We assumed that the women were most capable of answering these couple questions as most questions were about the diagnosis and history of fertility treatments.

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